

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-021997

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4968

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MO.</i>		c. CITY OR TOWN <i>St Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. LOUIS CITY HOSP. #1.</i>		d. STREET ADDRESS (If outside give location) <i>2717 Hickory</i>	
3. NAME OF DECEASED (Type or print) First <i>BABY BOY</i> Middle <i>MORROW</i> Last <i>MORROW</i>		4. DATE OF DEATH Month <i>5</i> Day <i>7</i> Year <i>63</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>colored</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>5-7-63</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	
11. BIRTHPLACE (City and state or country) <i>St Louis Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Cesear Morrow</i>		13b. MOTHER'S MAIDEN NAME <i>Edith Jones</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <i>no</i>		16. SOCIAL SECURITY NO. <i>760.5</i>	
17. INFORMANT <i>Cesear Morrow</i>		Address <i>2717 Hickory</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>IMMATURITY</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <i>Congenital Atelactasis</i> DUE TO (b) <i>Intracranial Hemorrhage.</i> DUE TO (c) <i>760.5</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <i>4:30 P</i> Month, Day, Year <i>5 7 63</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <i>St Louis</i> COUNTY <i>Mo</i> STATE <i>Mo</i>	
21. I attended the deceased from <i>5 7 63</i> to <i>5 7 63</i> and last saw her alive on <i>5 7 63</i> Death occurred at <i>4:30 P</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Philaboon M.D.</i> (Degree or title)		22b. ADDRESS <i>1515 LAFAYETTE AVE.</i>	
22c. DATE SIGNED <i>5 7 63</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>5-8-63</i>	
23b. DATE <i>5-8-63</i>		23c. NAME OF CEMETERY OR CREMATORY <i>St Louis Co, Mo</i>	
23d. LOCATION (City, town, or county) <i>St Louis Co, Mo</i>		23e. REGISTRAR'S SIGNATURE <i>Joan Smith. M.D.</i>	
24. FUNERAL DIRECTOR <i>St. J. Watson 2769 Chautau</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 8 1963</i>	

KATHOON

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.